



Maryland Department of Human Resources  
Office of Licensing and Monitoring  
311 W. Saratoga Street  
Baltimore, Maryland 21201  
Office: 410.767.7871 Fax: 410.333.8408

## CHILD PLACEMENT AGENCY REPORT

**Provider Organization:** Lutheran Social Services of the National Capital Area

**Licensing Agency:** DHR

**Contracting Agency(s):** CFSA

**Name of Chief Administrator:** Kichelle Coleman

**Email:** [colemank@lssnca.org](mailto:colemank@lssnca.org)

**License Type:** Treatment Foster Care

**Type of Inspection:** Quarterly

| Name and Address of CPA Office                                   | License Capacity | DHR Contract Limit | Census by Placing Agency | License#/ Exp. date | Date of site Inspection |
|--|------------------|--------------------|--------------------------|---------------------|-------------------------|
| Lutheran Social Services<br>2503 Belair Drive<br>Bowie, MD 20715 | unlimited        | 0                  | CFSA 27<br>URM 21        | # 00200/<br>6/15/17 | 3/10/2017               |

### Inspection Summary

**Number of Records Reviewed:** Youth 0 Staff 2 Foster Parent 0 Adoptive Parent N/A

**Number of Interviews:** Youth 0 Staff 0 Foster Parent 1

**CPA Office Inspection:** Approved

**Number of ILP Apartments Inspected:** N/A

**Number of Foster Homes Inspected:** 0

**Current COMAR Violation:** Yes x No     

**If Yes, list Cited Violation(s) below:**

| Violation(s)                       | Findings   |
|------------------------------------|--|
| 07.05.01.13 B (1-9)                | 2/4 employees personnel records were not available for review during this on-site inspection |
| 07.05.01.10 E                      | 1/4 employees personnel record did not have valid vehicle insurance                          |
| 07.05.01.13 B (1)                  | 1/4 employee personnel record did not reflect a job application                              |
| 07.05.01.13 B (4)<br>07.05.01.13 C | 1/4 employee personnel records did not reflect a current medical examination                 |

**Corrective Action Plan:** Yes x No     

**If yes, date of CAP:**  
3/10/17

**Complaint Outcome:** N/A

**Current Status of License:** Continued

### Licensing

**Coordinator:** Michelle Goines

**Date:** 3/27/17

**Email:** [Michelle.goines@maryland.gov](mailto:Michelle.goines@maryland.gov)

**Program Manager:** Richard Berger

**Date :** 3/27/17

**Email:** [richard.berger@maryland.gov](mailto:richard.berger@maryland.gov)